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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: 19-0016

This file contains the following documents in the order listed:

1) Approval Letter

- 2) 179
- 3) Approved SPA Pages

TN: ND-19-0016 Approval Date: 11/27/2019 Effective Date: 10/01/2019

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services 1961 Stout Street, Room 08-148 Denver, CO 80294



Denver Regional Operations Group

December 2, 2019

Caprice Knapp, Medicaid Director Division of Medical Services North Dakota Department of Human Services 600 East Boulevard Avenue, Dept. 325 Bismarck, ND 58505-0250

Dear Ms. Knapp:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 19-0016. This amendment removes copays and other cost-sharing from North Dakota Medicaid's state plan.

This amendment was submitted to bring North Dakota into compliance with statutory and regulatory requirements that limit cost-sharing to a five percent aggregate cap. Because the state was unable to implement a mechanism to track cost sharing and ensure the limit was not exceeded, North Dakota submitted this amendment to remove cost sharing from the state plan.

Please be informed that this State Plan Amendment was approved November 27, 2019, with an effective date of October 1, 2019. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Kirstin Michel at (303) 844-7036.

Sincerely,

Mary Marchioni Acting Deputy Division Director Western Regional Operations Group Denver Regional Office Centers for Medicaid and CHIP Services

cc: Krista Fremming, North Dakota Stacey Koehly, North Dakota

Medicaid Premiums and Cost Sharing: Summary Page (CMS 179)

State/Territory name: Transmittal Numbe		orth Dakota
		he format ST-YY-0000 where ST= the state abbreviation, $YY =$ the last two digits of
the submission yea		umber with leading zeros. The dashes must also be entered.
19-0016		
Proposed Effective	Date	
10/01/2019	(mm/dd/yyyy)	
Federal Statute/Reg	gulation Citation	
42 CFR 447.50	, 447.52 and 447.56	
Federal Budget Imp	oact	
	Federal Fiscal Year	Amount
First Year	2020	устания на тенения по
riist icai	2020	\$ 238000.00
Second Year	2021	0050405 00
		\$ 250135.00
Subject of Amendm		
Amends the Sta	te Plan to remove copayn	ments from the North Dakota Medicaid program.
G		
Governor's Office F		
	or's office reported no c	
Omme: Describe	nts of Governor's office	received
Describe	,	
		Maria de la companya
O No reply	y received within 45 day	ys of submittal
Other, a	s specified	
Describe		
Authorit	y to prepare and submit M	Medicaid State Plans is provided to the Single State Medicaid Agency.
Submitti	ng this amendment on be	chalf of Caprice Knapp, ND Medicaid Director, who is authorized to
submit N	Medicaid State Plan Amer	ndments for the State of North Dakota.
Signature of State A	gency Official	
Submitted By:	:	Maggie Anderson
Last Revision	Date:	Oct 17, 2019
Submit Date:		Sep 30, 2019
		• /

SUPERSEDING PAGES OF STATE PLAN MATERIAL						
TRANSMITTAL NUMBER:	STATE:					
TN-ND-19-0016	North Dakota					
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):					
G-1 Medicaid Costsharing Attachment 4.18-A pages 1, 1a through 1e; and 1h through 1q Attachment 4.18-A pages 2 and 3 Attachment 4.18-C pages 1, 1a through 1e; and 1h through 1q Attachment 4.18-C pages 2 and 3 Attachments 4.18-D pages 1 and 2 Attachments 4.18-E pages 1 and 2 Pages 54, 55, 56, 56a-f in pre-print section 4.1	Attachment 4.18-A pages 1, 1a through 1e; and 1h through 1q Attachment 4.18-A pages 2 and 3 Attachment 4.18-C pages 1, 1a through 1e; and 1h through 1q Attachment 4.18-C pages 2 and 3 Attachments 4.18-D pages 1 and 2 Attachments 4.18-E pages 1 and 2 Pages 54, 55, 56, 56a-f in pre-print section 4.1					



Medicaid Premiums and Cost Sharing

State Name: North Dakota	OMB Control Number: 0938-1148
Transmittal Number: 19 - 00 - 0016	
Cost Sharing Requirements	G1
1916	
1916A	
-42 CFR 447.50 through 447.57 (excluding 447.55)	
The state charges cost sharing (deductibles, co-insurance or co-payments) to individuals covere	d under Medicaid. No ▼

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20160722

ND-19-0016 Approval Date: 11/27/2019 Effective Date: 10/01/2019

Attachment 4.18-A Page 1

Revision: CMS-PM-85-14 (BERC)

September 1985

OMB.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: North Dakota

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905 (a) (1) through (5) and (7) of the Act:

Service	Тур	e of Charge	Amount and Basis for Determination
	Deduct.	Coins. Copay.	
VACATED			
VACATED			

TN No. <u>19-0016</u> Supersedes TN No. <u>17-0008</u> Approval Date <u>11/27/2019</u>

Effective Date <u>10/01/2019</u>

SEPTEMBER 1985

Attachment 4.18-A

Page 1a OMB No.: 0938-0193

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Effective Date <u>10/01/2019</u>

SEPTEMBER 1985

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OMB No.: 0938-0193

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SEPTEMBER 1985

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0MB NO: 0938-0193

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TN No. <u>19-0016</u> Supersedes TN No. 03-011 Approval Date <u>11/27/2019</u>

Effective Date <u>10/01/2019</u>

SEPTEMBER 1985

Attachment 4.18-A Page 1d

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0MB NO: 0938-0193

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SEPTEMBER 1985

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	Deduct	Type of Charge Coins.	Type of Charge Coins. Copay.

TN No. <u>19-0016</u> Supersedes TN No. <u>03-011</u>

<u>19-0016</u> Approval Date <u>11/27/2019</u>

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VACATED				
				-

TN No. <u>19-0016</u>

Supersedes TN No. <u>03-011</u> Approval Date <u>11/27/2019</u>

Effective Date <u>10/01/2019</u>

SEPTEMBER 1985

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OMB NO: 0938-0193

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TN No. <u>19-0016</u> Supersedes

TN No. <u>03-011</u>

Approval Date <u>11/27/2019</u>

Effective Date <u>10/01/2019</u>

SEPTEMBER 1985

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0MB NO: 0938-0193

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State: North Dakota

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Service	Deduct	Type of Charge Coins.	Сорау.	Amount and Basis for Determination
VACATED				

TN No. <u>19-0016</u> Supersedes TN No. <u>03-011</u> Approval Date <u>11/27/2019</u>

Effective Date <u>10/01/2019</u>

SEPTEMBER 1985

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Service		Type of Charg	e	Amount and Basis for Determination
	Deduct	Coins.	Сорау.	
VACATED				

TN No. <u>19-0016</u> Supersedes TN No. <u>03-011</u> Approval Date <u>11/27/2019</u>

Effective Date <u>10/01/2019</u>

SEPTEMBER 1985

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0MB NO: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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TN No. <u>19-0016</u> Supersedes

TN No. 03-011

Approval Date <u>11/27/2019</u>

Effective Date <u>10/01/2019</u>

SEPTEMBER 1Q85

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0MB NO: 0938:-0193

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TN No. <u>19-0016</u> Supersedes TN No. 03-011 Approval Date <u>11/27/2019</u>

Effective Date <u>10/01/2019</u>

SEPTEMBER 1985

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0MB NO: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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Service	Deduct	Type of Charge Coins.	Copay.	Amount and Basis for Determination
VACATED				

TN No.<u>19-0016</u> Supersedes TN No.<u>02-021</u>

Approval Date 11/27/2019

Effective Date 10/01/2019

SEPTEMBER 1985

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OMB NO: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	North	Dakota

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

TN No. <u>19-0016</u> Supersedes TN No. <u>04-010</u>

Approval Date <u>11/27/2019</u>

Effective Date <u>10/01/2019</u> CMS ID: 0053C/0061E Revision: CMS-PM-85-14 (BERC) ATTACHMENT 4.18-A

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: North Dakota

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TN No. <u>19-0016</u> Supersedes TN No. <u>93-14</u>

Approval Date 11/27/2019 Effective Date 10/01/2019

Revision: CMS-PM-15-14 (BERC) ATTACHMENT 4.18-A

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OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY I	STATE	PLAN UNDER	TITLE	XIX	OF	THE	SOCIAL	SECURITY	A($_{ m T}$
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State: ____ North Dakota

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TN No. <u>19-0016</u>

TN No. <u>93-14</u>

Supersedes Approval Date_11/27/2019 Effective Date_10/01/2019

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Revision: CMS-PM-85-14 (BERC)

September 1985

OMB.: 0938-0193

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VACATED				
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TN No. <u>19-0016</u> Supersedes TN No. <u>17-0008</u> Approval Date <u>11/27/2019</u>

Effective Date <u>10/01/2019</u>

SEPTEMBER 1985

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OMB No.: 0938-0193

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TN NO. <u>19-0016</u> Supersedes TN No. <u>95-008</u> Approval Date <u>11/27/2019</u>

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SEPTEMBER 1985

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OMB No.: 0938-0193

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SEPTEMBER 1985

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Effective Date <u>10/01/2019</u>

TN No. 03-011 CMS ID: 0053C/0061E

SEPTEMBER 1985

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VACATED				
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TN No. <u>19-0016</u> Supersedes

TN No. 03-011

Approval Date <u>11/27/2019</u>

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Page 1i

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SEPTEMBER 1985

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Page 1I

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SEPTEMBER 1985

Attachment 4.18-C Page 1m

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SEPTEMBER 1985

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			1 17	
VACATED				
VACATED				

TN No. <u>19-0016</u> Supersedes TN No. 03-011 Approval Date <u>11/27/2019</u>

Effective Date <u>10/01/2019</u>

Revision: CMS-PM-85-14 (BERG)

SEPTEMBER 1Q85

Attachment 4.18-C

Page 1p

0MB NO: 0938:-0193

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Effective Date <u>10/01/2019</u>

CMS ID: 0053C/0061E

Revision: CMS-PM-85-14 (BERG)

SEPTEMBER 1985

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Page 1h

0MB NO: 0938-0193

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VACATED				

TN No.<u>19-0016</u> Supersedes TN No.<u>02-021</u>

Approval Date 11/27/2019

Effective Date <u>10/01/2019</u>

CMS ID: 0053C/0061E

Revision: CMS-PM-85-14 (BERC)

SEPTEMBER 1985

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OMB NO: 0938-0193

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	Deduct	Type of Charge Coins.	Type of Charge Coins. Copay.

TN No. <u>19-0016</u> Supersedes TN No. <u>04-010</u>

Approval Date <u>11/27/2019</u>

Effective Date <u>10/01/2019</u> CMS ID: 0053C/0061E

Revision: CMS-PM-85-14 (BERC)

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: North Dakota

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TN No. <u>19-0016</u> Supersedes TN No. <u>93-14</u>

Approval Date 11/27/2019 Effective Date 10/01/2019

Revision: CMS-PM-15-14 (BERC) ATTACHMENT 4.18-C

SEPTEMBER 1985 Page 3

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State: _____ North Dakota

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TN No. <u>19-0016</u> Supersedes TN No. <u>93-14</u>

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